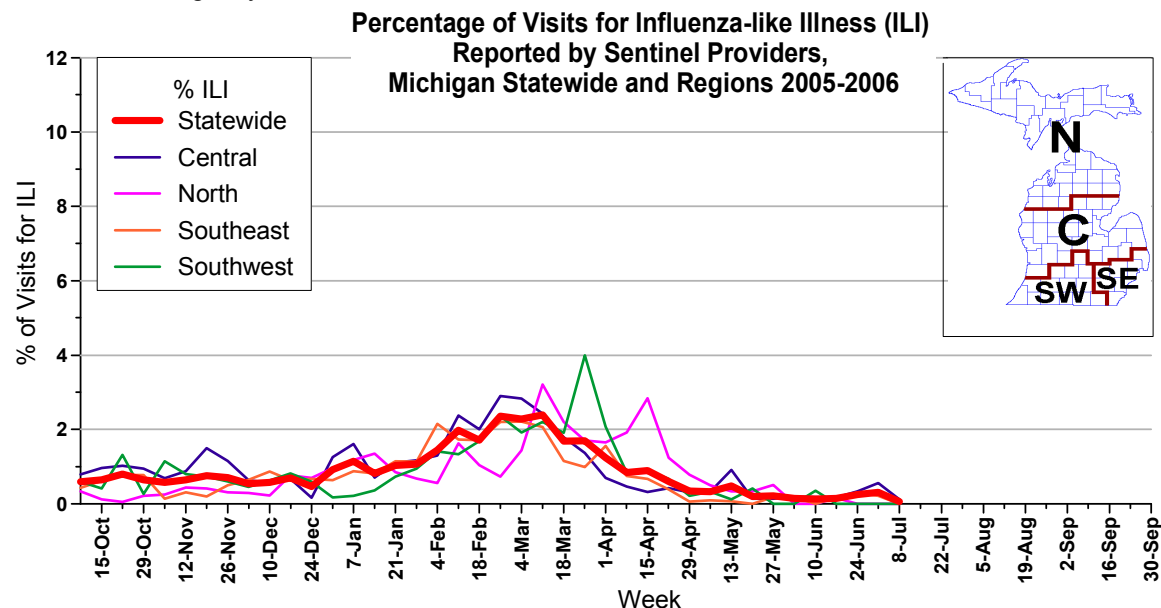


MIFluFocus
July 14, 2006
Weekly Influenza Surveillance and Avian Influenza Update

Syndromic Surveillance System Surveillance: Flu-like illness, as characterized by the syndromic surveillance systems, continues to demonstrate a very low overall level of activity. Flu-like illness reporting through the Michigan Disease Surveillance System has been negligible in recent weeks, as schools are closed for the summer. Over-the-counter pharmaceutical sales have been stable or decreasing for all flu-related products recently and the sales of all products (except for chest rubs) are at or below levels from last year at this time. No statewide alerts for increased respiratory or constitutional emergency department visits have been generated in recent weeks.

Sentinel Surveillance (as of July 13, 2006): During the week ending July 8, 2006, the proportion of visits due to influenza-like illness (ILI) decreased slightly from last week to 0.1% of all visits. Low levels of ILI activity were reported in all regions; the percentage of visits due to ILI by region was 0.1%, Central; 0.0%, North; 0.0%, Southwest; and 0.0%, Southeast.

The increased rate of ILI (1.7%) reported last week in the Central region has decreased (0.6%) in this week's report due to additional data received late from that region. The large pediatric practice in the Central region that reported five visits due to ILI in the week ending July 1, 2006 saw no visits due to ILI in the week ending July 8, 2006.



As part of pandemic influenza preparedness, CDC and MDCH highly encourage and recommend year-round participation from all sentinel providers. Data that we obtain over the summer will help us to establish a baseline level of activity during months that are not typically associated with high levels of influenza activity. New practices are encouraged to join influenza sentinel surveillance program today! Contact Rachel Potter at 517-335-9710 or potterr1@michigan.gov for more information.

Laboratory Surveillance (as of July 14, 2006): No reports were received during the previous week. The MDCH laboratory has confirmed 138 influenza cases in Michigan over the 2005-2006 season, of which 132 were influenza A (H3N2) and 6 were influenza B.

Influenza-Associated Pediatric Mortality (as of July 14, 2006, CDC data as of May 20): No reports were received during the previous week. For the 2005-2006 influenza season, Michigan had one confirmed influenza-associated pediatric death from region 2S, with one other death under investigation.

at this time by MDCH. During October 2, 2005 – May 20, 2006, CDC received reports of 35 influenza-associated pediatric deaths, 33 of which occurred during the current influenza season.

***Reminder: The CDC has asked all states to continue to collect information on any pediatric death associated with influenza infection. This includes not only death in a child less than 18 years of age resulting from a clinically compatible illness confirmed to be influenza by an appropriate laboratory or rapid diagnostic test, but also unexplained death with evidence of an infectious process in a child. Refer to http://www.michigan.gov/documents/fluletter_107562_7.pdf for the complete protocol. It is important to immediately call or fax information to MDCH to ensure that appropriate clinical specimens can be obtained.

Congregate Settings Outbreaks (as of July 14, 2006): No reports were received during the past reporting week. A total of two congregate setting outbreaks have been reported to MDCH this season; one in Southwest Michigan in late February and one in Southeast Michigan in late March. Both outbreaks were MDCH laboratory confirmed as due to influenza A (H3N2).

The 2005-2006 Michigan Influenza Seasonal Summary is now available at <http://www.michigan.gov/flu> under “Seasonal Influenza – MDCH Laboratory Influenza Testing and Surveillance.” Overall, this season was milder than the previous year, peaked in early to mid-March and was comprised mainly of influenza A infections.

National (June 29, 2006): On June 28, 2006, the Advisory Committee on Immunization Practices (ACIP) published its new recommendations for the prevention and control of influenza. For the complete report, see the MMWR report June 28, 2006/55(Early Release);1-41, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e628a1.htm>.

International (CDC, as of June 16): According to the CDC, for the 2005-2006 season worldwide, influenza B viruses were the most commonly reported influenza type in Europe, influenza A (H1N1) and influenza B viruses predominated in Asia, and small numbers of influenza A and B viruses were reported in Africa.

Weekly influenza activity reporting to the CDC is finished for the 2005-2006 influenza season.

End of Seasonal Report

Avian Influenza Activity

WHO Pandemic Phase: Phase 3 - Human infection(s) with a new subtype, but no human-to-human spread or rare instances of spread to a close contact.

International Update (OIE, July 7 and WHO, July 14): The World Organization for Animal Health (OIE) announced that Spain has its first case of the H5N1 avian influenza virus. An outbreak of the virus in wildlife has been reported in Salburúa wetlands, Alava province (País Vasco) in a great crested grebe (*Podiceps cristatus*) that had been found dead. The bird was found dead on June 30th and was confirmed to have the highly pathogenic H5N1 subtype on July 7th. The diagnosis has been established by the Central Veterinary Laboratory at Algete using RT-PCR and sequence analysis. A 3-km-radius protection zone around the outbreak and a 10-km-radius surveillance zone around the outbreak have been established. There are no commercial poultry holdings within this 10-km-radius area, and within this area, movement of poultry, other captive birds and their products is prohibited. Surveillance is also being done in these wetlands and other natural areas to detect any mortality in wild birds.

WHO has reported that the Ministry of Health in Indonesia has confirmed the country's 53rd case of human infection with the H5N1 avian influenza virus. The case, which was fatal, occurred in a 3-year-old girl from a suburb of Jakarta. She became ill on 23 June, was hospitalized on 5 July and died the next day. Specimens collected from the girl were confirmed positive for H5N1 avian influenza virus. An investigation found that the case handled chickens that had died in the neighborhood, to dispose of them, two days before the onset of her symptoms. Samples taken from chickens in the neighborhood were found to be positive. An investigation has found no further cases of influenza-like illness and monitoring of close contacts is under way. Of the 53 cases confirmed to date in Indonesia, 41 have been fatal.

National Update (July 11, 2006): As part of President Bush's plan to mobilize the nation and prepare for an influenza pandemic, HHS Secretary Michael Leavitt today announced an additional \$225 million in funding for state and local preparedness. "Earlier this year HHS joined the nation's governors for a series of state pandemic influenza summits," Secretary Leavitt said. "These funds will build on the work begun at the summits and help local, tribal, territorial and state public health officials as they undertake critical preparedness planning that communities must do themselves." Today's funding announcement is part of \$350 million included in recent emergency appropriations for upgrading state and local pandemic influenza preparedness passed by Congress in December. In February, the first phase of \$100 million was awarded to states for planning and exercising of pandemic response plans and to identify gaps in preparedness. This second phase of funding is being awarded to begin addressing those identified gaps in pandemic influenza preparedness planning. The grants will be awarded to all 50 states, the District of Columbia, three local jurisdictions (New York City, Chicago and Los Angeles County), five U.S. Territories and three Freely Associated States of the Pacific. A table outlining what funds will be available for eligible jurisdictions is available at <http://www.pandemicflu.gov/news/allocation.html>. More information on pandemic influenza preparedness efforts is online at www.pandemicflu.gov.

National Wild Bird Surveillance (July 6, 2006): U.S. Fish and Wildlife Service in Anchorage, Alaska reported that 830 wild bird cloacal samples were sent to the National Wildlife Health Center lab during this last week. For the year, 4,471 samples have been sent to the NWHC with 3,772 of these samples tested so far. **Note:** Cumulative results include 90 samples that tested positive for the presence of avian influenza. Various types of avian influenza are common in wild bird populations, and most of these present little or no risk to wild birds, poultry, or humans. Three of these samples were confirmed positive for the H5 subtype, but not the N1 subtype. None of the samples have tested positive for the Highly Pathogenic H5N1 virus that the current sampling program is attempting to find.

Michigan Wild Bird Surveillance: To learn about avian influenza surveillance in Michigan wild birds or to report dead waterfowl, go to Michigan's Emerging Disease website at <http://www.michigan.gov/emergingdiseases>

Table 1. H5N1 Influenza in Poultry (Outbreaks up to July 13, 2006)

(Source: http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm Downloaded 7/13/2006)

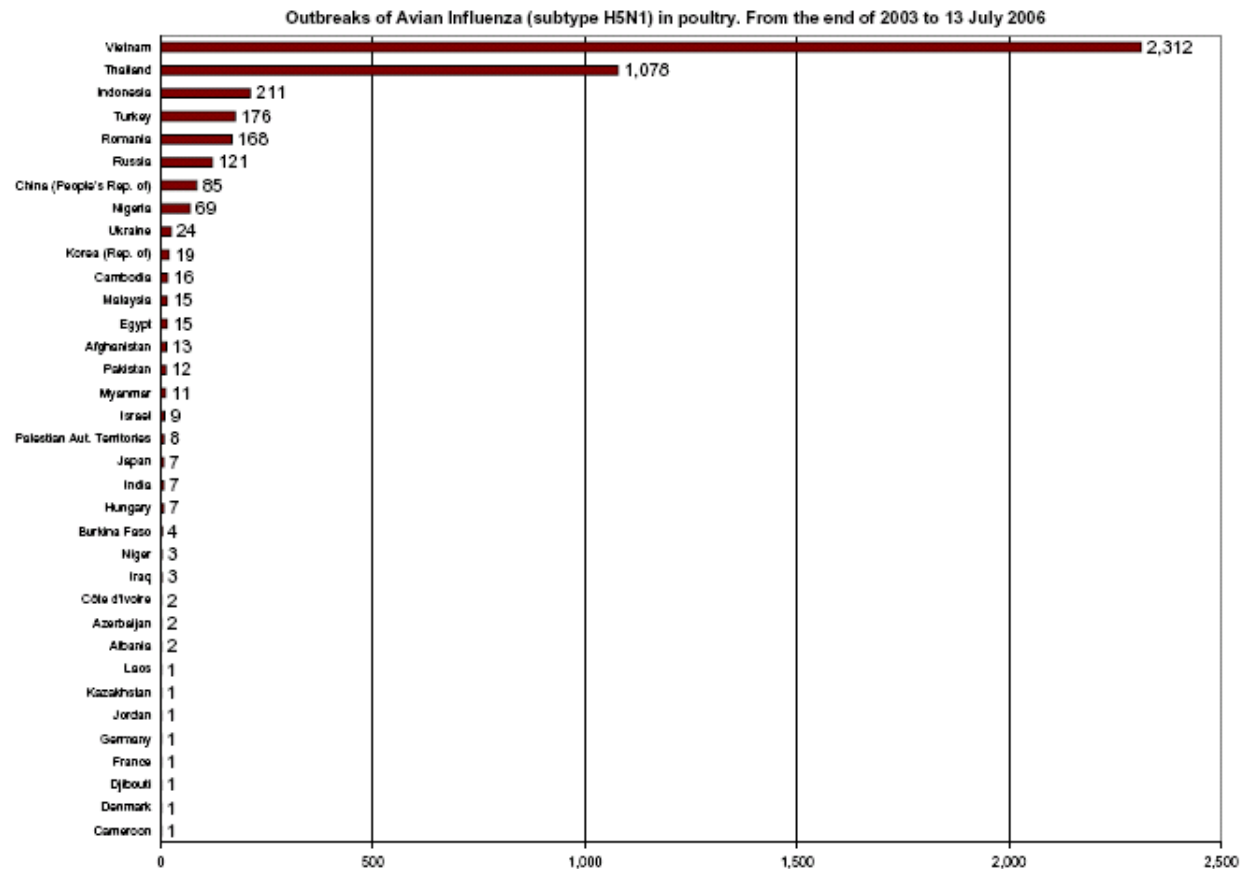


Table 2. H5N1 Influenza in Humans (Cases up to July 14, 2006)

(Source: http://www.who.int/entity/csr/disease/avian_influenza/country/cases_table_2006_06_06/en/index.html Downloaded 7/14/2006)

Cumulative number of confirmed human cases of Avian Influenza A(H5N1) reported to WHO. The total number of cases includes number of deaths. WHO only reports laboratory-confirmed cases.

Country	2003		2004		2005		2006		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	8	5
Cambodia	0	0	0	0	4	4	2	2	6	6
China	0	0	0	0	8	5	11	7	19	12
Djibouti	0	0	0	0	0	0	1	0	1	0
Egypt	0	0	0	0	0	0	14	6	14	6
Indonesia	0	0	0	0	17	11	36	30	53	41
Iraq	0	0	0	0	0	0	2	2	2	2
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Viet Nam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	95	41	86	56	230	132